24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee 76 Words	Date of Public Distribution/Dissemination
	10 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1121 5th St NW	Amount
FI 1	
City State Zip Code	15000.00
Washington DC 20001-3605	Transaction ID: VTDG0AAT3M3 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertisement - Estimate Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Office Sought: House District: 25
Hill, Katherine, L., ,	President Senate State: CA
Calcilidat Ical 10 Date	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
76 Words	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1121 5th St NW	
FI 1	Amount
City State Zip Code	1500.00
Washington DC 20001-3605	Transaction ID: VTDG0AAT3N1 Date of Disbursement or Obligation
Purpose of Expenditure Digital Production Costs - Estimate Category/ Type	Man / Dad / Yayayay
Name of Federal Candidate	Office Sought: House District: 25
Hill, Katherine, L., ,	President Senate State: CA
0.4000.00	Disbursement For: Primary General 2018
Per Election for Office Sought 34899.26	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	16500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date Signature	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report 1	
Full Name of Payee Deliver Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address PO Box 100970	10 26 2018 Amount
014 77 Out	
City State Zip Code Arlington VA 22210-3970	9236.11 Transaction ID: VTDG0AASWD4
Purpose of Expenditure Direct Mail - Estimate Category/ Type	Date of Disbursement or Obligation
Name of Fodoval Condidate	25
Hill, Katherine, L., , Support Office	Sought: House District: 25 President Senate State: CA
	rsement For: Primary
Full Name of Payee	Other (specify) ► Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office Oppose	Sought: House District: President Senate State:
	President Senate State: rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	9236.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	25736.11
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date	